

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155298		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2013	
NAME OF PROVIDER OR SUPPLIER  PYRAMID POINT POST-ACUTE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260			
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F0000	<p>This visit was for the Investigation of Complaint IN00121384.</p> <p>Complaint: IN00121384 Substantiated. Federal/State deficiencies related to the allegation are cited at F157, F279, F281, F309.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: January 30 &amp; 31, 2013</p> <p>Facility Number: 000195 Provider Number: 155298 AIM Number: 100267690</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 12 Medicaid: 55 Other: 6 Total: 73</p> <p>Sample: 5 Supplemental Sample: 14</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed by Tammy Alley RN on February 5, 2013.</p>						

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F0156 SS=E	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>						

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to ensure current and newly admitted resident's and family members were fully informed in regard to changes for continued stay on the dementia unit. When cognitively impaired residents were admitted to the secured dementia unit, the facility failed to provide full information related to prescreening, admission and discharge criteria that would effect the continued stay of the resident, on the unit for 14 of 14 supplemental sampled residents. (Resident's "F", "G", "H", "I", "J", "K", "L", "M", "N", "O", "P", "Q", "R" and "S").</p> <p>Findings include:</p> <p>1. During the entrance conference on 01-30-13 at 9:00 a.m., the</p>	F0156	<p>F 156</p> <p>It is the practice of Pyramid Point to inform the resident of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.</p> <p><b>What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?</b></p> <p>The responsible families for residents F, G, H, I, J, K, L, M, N, O, P, Q, R and S have been mailed the revised "Bed and Breakfast Eligibility and Discharge Criteria". Residents M, N, and P were assessed again for eligibility for admission to our memory care unit. All three met admission criteria.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective</b></p>	02/20/2013			

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	<p>Administrator indicated the facility recently "revised" the policy for admission and discharge criteria, dated 12-27-12, for the "Bed and Breakfast" (secured dementia) Unit. When further interviewed, the Administrator indicated the Social Service Director was the program coordinator for this Unit.</p> <p>When interviewed on 01-30-13 at 9:40 a.m., the Administrator indicated the residents and family members who currently resided, and were admitted to the secured Unit prior to 12-27-12, had not been informed of the "revision," and further stated, "It really just clarifies who is appropriate to stay on the unit and who is not."</p> <p>Resident/family members who could be effected by the revisions included Resident's "F", "G", "H", "I", "J", "K", "L", "O", "Q", "R" and "S".</p> <p>2. Review of the previous "Special Care Unit," admission and discharge criteria on 01-30-13 at 10:00 a.m., and undated, indicated the following:</p> <p>"Statement of Purpose - To recognize the needs of a special segment of our resident population... designed to provide care and treatment to the resident experiencing loss of</p>				<p><b>action will be taken?</b> Like residents are those who have a need and that meet criteria for admission to our memory care unit. The pre-screening will be documented by admissions department if a new admit or by social services if an intra-facility transfer. The "Bed and Breakfast Eligibility and Discharge Criteria" will be presented to the responsible party prior to or on day admission to memory care unit.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</b> Admissions and Social Service staff have been in-serviced on the need to pre-screen and present "Bed and Breakfast Eligibility and Discharge Criteria" to the responsible party prior to or on day of admission to our memory care unit.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice does not reoccur?</b> ED or designee will monitor pre-screening and signed "Bed and Breakfast Eligibility and Discharge Criteria" prior to or on day admission to the memory care unit. This will be completed weekly times four weeks and then monthly times 2 months. At this time if results are below a 95% threshold the audits will become weekly until a 95% threshold is</p>		

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	<p>cognitive-behavioral skills. The residents on this unit typically experience a continuum of loss of abilities that often threaten his/her interpersonal relationships, effect decision-making process, and will ultimately no longer be able to use their basic daily living skills. An interdisciplinary approach will be used in all admission/discharge decision. Recommendations are made on an individual basis."</p> <p>"Discharge Criteria: 1. Inability to retain mental or physical skills necessary to ambulate without the use of assistive devices, such as merry walker, wheelchair, can, etc. 2. Acute medical condition that would required close observation and assessment by licensed nursing staff to identify or evaluate the residents need for modification of treatment and the initiation of additional medical procedures until the residents condition is stabilized. 3. Medical condition arising that would warrant the presence of indwelling or external lines, such as, gastrostomy tubes, nasogastric tubes, or intravenous lines or urinary catheters. 4. Resident is not longer at risk of wandering out of the facility or in or our of other resident rooms."</p>			<p>achieved. The results will be reviewed by QAA committee monthly. <b>Date to be completed</b> 2/20/2013</p>			

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	<p>3. The "revised" policy, titled "Pyramid Point Memory Care at the Bed and Breakfast Eligibility and Discharge Criteria," and dated 12-27-12, indicated the following:</p> <p>"The admission criteria is the standard by which the Memory Care at the "Bed and Breakfast" accepts or rejects potential residents and is also the basis for criteria by which the resident is to be discharged from the unit. The screening process starts prior to admission and is ongoing to the time of discharge. Each resident admitted on the unit enters into a trial period, where residents are assessed for ongoing appropriateness to remain there. At any point during this time, the facility reserves the right to transfer per the listed criteria, to another area in our facility. Specific admission criteria is required for the Memory Care at the "Bed and Breakfast;" to effectively meet the needs of the residents who can benefit from the services provided. Persons with similar needs and functioning levels can best be served in a group of residents with similar levels of cognition. Any resident that requires extensive direct care; (in eating, bathing and grooming) may not benefit from specialized programming. Their needs may be</p>						



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	<p>better met in another area of the facility."</p> <p>"Screening Process [bold type] - The assessment team will conduct a pre-admission assessment with the responsible party and potential resident."</p> <p>"Who is not appropriate ? [bold type] - Those individuals with a primary psychiatric diagnosis or mental illness. Alcohol Dementia, Parkinson's, Frontal Lobe Injury, Lewy Bodies and Picks Disease may not be considered appropriate due to the uniqueness of the disease processes and will be considered on an individual basis for placement. A person who exhibits physical harm to self or others and/or exhibits behaviors that disrupt the living environment. Wheelchairs, canes and walkers will be reviewed on an individual basis. Residents that require a mechanical lift. Each resident who is referred to Memory Care at the "Bed and Breakfast" with tube feedings, or an ostomy will be individually assessed for their appropriateness."</p> <p>"Discharge From the Unit [bold type and underscored] - In determining if a resident no longer meets the criteria,</p>						

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	<p>the following may be taken into consideration: Programming - a resident must be benefiting from programming. Behaviors - A person who exhibits physical harm to self or other and/or exhibits behaviors that disrupt the living environment. Any resident that requires extensive direct care: in eating, bathing and grooming may not benefit from specialized programming their needs may be better met in another area of the facility."</p> <p>4. Resident "M" was admitted to the facility on 01-22-13. The record lacked documentation a "prescreening" assessment was completed prior to admission. In addition, the "Pyramid Point Memory Care at the Bed and Breakfast Eligibility and Discharge Criteria," was signed by the family member on 01-23-13 and the Initial Social Service Assessment, was dated 01-29-13.</p> <p>5. Resident "N" was admitted to the facility on 01-10-13. The record lacked documentation a "prescreening" assessment was completed prior to admission. In addition, the "Pyramid Point Memory Care at the Bed and Breakfast Eligibility and Discharge Criteria," was signed by the family member on</p>						

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	<p>01-17-13, and the Initial Social Service Assessment, was dated 01-14-13.</p> <p>6. Resident "P" was admitted to the facility on 01-15-13. The record lacked documentation a "prescreening" assessment was completed prior to admission. In addition, the "Pyramid Point Memory Care at the Bed and Breakfast Eligibility and Discharge Criteria," was signed by the family member on 01-17-13 and the Initial Social Service Assessment, was dated 01-22-13.</p> <p>3.1-4(a)</p>						

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview the facility failed to ensure physician notification and family notification, in that when a resident who was assessed with lower extremity edema,</p>			F0157	<p>F 157 It is the practice of Pyramid Point to contact a patient's physician and Family when the patient has an accident involving injury and has the potential for requiring</p>		02/20/2013

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	<p>and used anti-embolytic stocking (Elastic Stockings), the nursing staff failed to inform the physician for possible intervention and family notification of the increased edema, and the indentation the stocking made on the resident's thigh, for 1 of 3 resident's reviewed for antiembolytic stockings in a sample of 5. (Resident "A").</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 01-30-13 at 9:50 a.m. Diagnoses included but were not limited to, severe degenerative joint disease, dementia, depression hypertension, ascites, hepatitis C, congestive heart failure and cirrhosis. These diagnoses remained current at the time of the record review.</p> <p>A physician order dated 10-12-12, instructed the nursing staff, "daily weight - call if pt. [patient] gains 3 lbs in 48 hour period or 5 lbs. [pounds] in 1 week."</p> <p>Review of a local area physician report, "Clinical Summary," dated 11-29-12 at 4:14 p.m., indicated the "patient is [age documented] who presents with ascites. The patient was referred by a primary care</p>			<p>physician intervention and when a patient has a significant change in physical, mental, or psychosocial status.</p> <p><b>What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?</b> Resident A has been discharged from the facility.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</b> Like residents are those who have had a change in condition and have the potential for physician intervention. Nursing staff will notify physician and family when a resident has a change in condition; This notification will be documented on the change of condition SBAR.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</b> Licensed nursing staff have been in-serviced on the need to notify physician and family if the patient has a significant change in physical, mental, or psychosocial status.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice does not reoccur?</b> DON or designee will monitor</p>			

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	<p>provider. Initial presentation was 6 month(s) ago. Presentation included fluid weight gain. Past evaluation has included albumin, complete blood count and metabolic profile. Treatment has included fluid restriction and furosemide [a diuretic medication]. Symptoms include abdominal distention, weight gain and peripheral edema... ."</p> <p>Review of documentation of the resident's daily weights for December 2012 included the following: 12-20-12 - 164.5 lbs, 12-21-12 - 174 lbs, 12-22-12 - 177.2 lbs, 12-23-12 - 177 lbs.</p> <p>Nurses note, dated 12-22-12, at 6:30 a.m., "Resident wgt. [weight] 177.2, increase 3.2 lbs from yesterday. Cont. [continues] to have 2+ edema bil. [bilateral] lower extremities. TED [antiembolytic stockings] on. [Name of physician] notified."</p> <p>Nurses note, dated 12-22-12 at 10:46 p.m., indicated "BLE [bilateral lower extremity] edema 2 + but Rt. [right] thigh approx. [approximately] 3+. TED hose are too small, but they are XL [extra large] Removed at 2:15 p.m. after top band creating indention (sic) on Rt. thigh."</p>			<p>resident's with change of condition to ensure notification of physician and family. This will be completed weekly times four weeks and then monthly times 2 months. At this time if results are below a 95% threshold the audits will become weekly until a 95% threshold is achieved. The results will be reviewed by QAA committee monthly.</p> <p><b>Date to be completed</b> 2/20/2013</p>			

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	<p>The record lacked documentation the resident's physician or responsible party had been notified of the increased edema to the right thigh, or that the stocking had made an indentation to the resident's upper leg.</p> <p>2. During an interview on 01-31-13 at 2:00 p.m., the Director of Nurses verified the documentation lacked physician notification.</p> <p>During additional interview on 01-31-13 at 2:00 p.m., the Director of Nurses and Assistant Director of Nurses indicated they were unable to provide documentation the resident's measurements had been obtained when the resident displayed an increase in edema to the right thigh.</p> <p>The Director of Nurses indicated "our company only uses [name of a certain vendor] and the size only goes to extra large. We probably should have seen about ordering from some one else."</p> <p>3. Review of facility policy on 01-31-13 at 1:45 p.m., and undated, provided by the Director of Nurses indicated the following:</p> <p>"BASIC RESPONSIBILITY - Licensed</p>						

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	<p>Nurse and Nursing Assistant, Other _____."</p> <p>"PURPOSE - To provide support for lower extremities, to aid return circulation from lower extremities, to prevent embolus formation, to reduce pain, and reduce edema."</p> <p>"ASSESSMENT GUIDELINES - may include but are not limited to: Change in physical and/or mental function, pain, rigidity, peripheral pulses, fever, change in skin integrity, color, temperature, edema, changes in condition of extremities."</p> <p>"PROCEDURE - 6. Notify physician if standard sizes will not fit: obtain order for custom-made gradient support stockings."</p> <p>4. Review of facility policy on 01-31-13 at 8:20 a.m., titled "Covenant Care Operating Standard Managing Change of Condition," and dated October 2011, indicated the following:</p> <p>"Objective [bold type and underscored]: To appropriately assess, document, and communicate changes of condition (COC), to the primary care provider. To provide treatment and services to address</p>						



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	<p>changes in accordance with resident needs and existing Advance Directives."</p> <p>"Practice Standards [bold type and underscored]: If the change in condition does not appear life threatening, the following steps may be followed: 2. Notify physician and responsible party of assessment findings. 3. Notify the Resident and/or responsible party of current status and subsequent actions/orders."</p> <p>This Federal tag relates to Complaint IN00121384.</p> <p>3.1-5(a)</p>						

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation and record review the facility failed to ensure the development of a comprehensive plan of care, for residents who had a history of lower extremity edema, and used antiembolic stocking for 2 of 3 residents reviewed for lower extremity edema in a sample of 5. (Resident "A" and "E").</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 01-30-13 at 9:50 a.m. Diagnoses included but were not</p>		F0279	<p>F 279 It is the practice of Pyramid Point to develop, review and revise the resident's comprehensive plan of care. <b>What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?</b> Resident A has been discharged from the facility. A care plan for dependent edema, including measurable goals and specific interventions has been developed and implemented for Resident D. <b>How other residents having the potential to be affected by the</b></p>		02/20/2013	

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	<p>limited to, severe degenerative joint disease, dementia, depression hypertension, ascites, hepatitis C, congestive heart failure and cirrhosis. These diagnoses remained current at the time of the record review.</p> <p>Review of a local area physician report "Clinical Summary," dated 11-29-12, at 4:14 p.m., indicated the "patient is [age documented] who presents with ascites. The patient was referred by a primary care provider. Initial presentation was 6 month(s) ago. Presentation included fluid weight gain. Past evaluation has included albumin, complete blood count and metabolic profile. Treatment has included fluid restriction and furosemide [a diuretic medication]. Symptoms include abdominal distention, weight gain and peripheral edema... ."</p> <p>Nurses note, dated 12-22-12 at 6:30 a.m., "Resident wgt. [weight] 177.2, increase 3.2 lbs from yesterday. Cont. [continues] to have 2+ edema bil. [bilateral] lower extremities. TED [antiembolytic stockings] on. [Name of physician] notified."</p> <p>Nurses note, dated 12-22-12 at 10:46 p.m., indicated "BLE [bilateral lower extremity] edema 2 + but Rt. [right]</p>				<p><b>same deficient practice will be identified and what corrective action will be taken?</b> Like residents are those who have dependent edema. Care plans have been developed and implemented for all residents with dependent edema that include measureable goals and specific interventions.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</b> Licensed nursing staff have been in-serviced on the need for care plans for residents with dependent edema that include measureable goals and specific interventions.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice does not reoccur?</b> DON or designee will monitor residents with dependent edema for current and updated care plans that include measureable goals and specific interventions. This will be completed weekly times four weeks and then monthly times 2 months. At this time if results are below a 95% threshold the audits will become weekly until a 95% threshold is achieved. The results will be reviewed by QAA committee monthly.</p> <p><b>Date to be completed</b> 2/20/2013</p>		

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	<p>thigh approx. [approximately] 3+. TED hose are too small, but they are XL [extra large]. Removed at 2:15 p.m. after top band creating indention [sic] on Rt. thigh."</p> <p>The record lacked a plan of care in which the specific problem was identified in regard to lower extremity edema, a measurable goal, and interventions by the nursing staff to monitor and implement for the resident.</p> <p>2. The record for Resident "D" was reviewed on 01-31-13 at 10:15 a.m. Diagnoses included but were not limited to, senile dementia with delusions, degenerative joint disease, hypertension, and chronic pain. These diagnoses remained current at the time of the record review</p> <p>Observation on 01-30-13 at 11:30 a.m., the resident was seated in wheel chair, in the dining room of the secured dementia unit and participating in an activity. The resident wore antiembolic stockings.</p> <p>Review of the resident's record lacked a plan of care which addressed the resident's dependent edema, a measurable goal, and implement specific interventions.</p>						

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	<p>This Federal tag relates to Complaint IN00121384.</p> <p>3.1-35(a) 3.1-35(b)(1)</p>						

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F0281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview the facility failed to ensure professional standards of care were implemented in that when a resident who had a history of lower extremity edema, and used antiembolytic stocking [Elastic Stockings], to aid in decreasing edema, the nursing staff failed to perform complete assessment, remeasurement of the resident's legs and provide stocking which fit and did not impede the reduction of edema, and which eventually caused an indentation to the residents leg/thigh, for 1 of 3 resident's reviewed for antiembolytic stockings and lower leg edema in a sample of 5. (Resident "A").</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 01-30-13 at 9:50 a.m. Diagnoses included but were not limited to, severe degenerative joint disease, dementia, depression hypertension, ascites, hepatitis C, congestive heart failure and cirrhosis. These diagnoses remained current at the time of the record review.</p>		F0281	<p>F 281 It is the practice of Pyramid Point to provide or arrange for services that meet professional standards of quality. <b>What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?</b> Resident A has been discharged from the facility. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</b> Like residents are those who wear anti-embolic stockings. All like residents were measured for appropriate fitting anti-embolic stockings. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</b> Licensed nursing staff have been in-serviced on the need to assess, measure, and provide appropriate fitting anti-embolic stockings. <b>How the corrective action will be monitored to ensure the deficient practice does not</b></p>		02/20/2013	

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	<p>A physician order dated 10-12-12, instructed the nursing staff, "daily weight - call if pt. [patient] gains 3 lbs in 48 hour period or 5 lbs. [pounds] in 1 week."</p> <p>Review of a local area physician report "Clinical Summary," dated 11-29-12 at 4:14 p.m., indicated the "patient is [age documented] who presents with ascites. The patient was referred by a primary care provider. Initial presentation was 6 month(s) ago. Presentation included fluid weight gain. Past evaluation has included albumin, complete blood count and metabolic profile. Treatment has included fluid restriction and furosemide [a diuretic medication]. Symptoms include abdominal distention, weight gain and peripheral edema... ."</p> <p>Review of documentation of the resident's daily weights for December 2012 included the following: 12-20-12 - 164.5 lbs, 12-21-12 - 174 lbs, 12-22-12 - 177.2 lbs, 12-23-12 - 177 lbs.</p> <p>Nurses note, dated 12-22-12 at 6:30 a.m., "Resident wgt. [weight] 177.2, increase 3.2 lbs from yesterday. Cont. [continues] to have 2+ edema</p>			<p><b>reoccur?</b> DON or designee will monitor residents who wear anti-embolic stockings for appropriate fit. This will be completed weekly times four weeks and then monthly times 2 months. At this time if results are below a 95% threshold the audits will become weekly until a 95% threshold is achieved. The results will be reviewed by QAA committee monthly. <b>Date to be completed</b> 2/20/2013</p>			

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	<p>bil. [bilateral] lower extremities. TED [antiembolytic stockings] on. [Name of physician] notified."</p> <p>Nurses note, dated 12-22-12 at 10:46 p.m., indicated "BLE [bilateral lower extremity] edema 2 + but Rt. [right] thigh approx. [approximately] 3+.</p> <p>TED hose are too small, but they are XL [extra large]. Removed at 2:15 p.m. after top band creating indention [sic] on Rt. thigh."</p> <p>2. During an interview on 01-31-13 at 2:00 p.m., the Director of Nurses indicated she was unable to provide documentation the resident's measurements had been obtained due to the increase in edema to the right thigh.</p> <p>The Director of Nurses indicated "our company only uses [name of a certain vendor] and the size only goes to extra large. We probably should have seen about ordering from some one else."</p> <p>3. Review of facility policy on 01-31-13 at 1:45 p.m., and undated, provided by the Director of Nurses indicated the following:</p> <p>"BASIC RESPONSIBILITY - Licensed Nurse and Nursing Assistant, Other</p>						



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	<p>"</p> <p>"PURPOSE - To provide support for lower extremities, to aid return circulation from lower extremities, to prevent embolus formation, to reduce pain, and reduce edema."</p> <p>"ASSESSMENT GUIDELINES - may include but are not limited to: Change in physical and/or mental function, pain, rigidity, peripheral pulses, fever, change in skin integrity, color, temperature, edema, changes in condition of extremities."</p> <p>"PROCEDURE - 6. Notify physician if standard sizes will not fit: obtain order for custom-made gradient support stockings."</p> <p>4. Review of reference data related to anti-embolic stockings titled, "The Care of Patients Wearing Anti-Embolic Stockings," on 01-31-13 at 7:30 a.m., and dated July 2008, indicated the following:</p> <p>"All staff caring for patients wearing stockings must read and follow guidelines and manufacturers instructions."</p> <p>"Following the assessment of patients the trained nurse can delegate</p>						

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	<p>subsequent care to all other members of the team including unqualified staff, but must ensure that the staff member is aware of risk and importance of safety checks during each episode of care. Team members need to ensure that the patient and carers receive appropriate instructions and education regarding the use of anti-embolic stockings. All care and management must be recorded in the patient's notes/care plan."</p> <p>"Document measurements and size of the stocking at assessment to serve as base line measure. Leg measurements will need to be checked to avoid potential complications related to swelling of the leg causing excessive pressure from the stockings."</p> <p>"During episodes of subsequent nursing care, stockings should be checked to ensure correct placement and proper fitting ensuring that they do not impair the circulations. Patients should be monitored sitting out of the bed to ensure the stocking is not restricting the circulation at the knee."</p> <p>"Pain or discomfort should be assessed, monitored and reported</p>						

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	<p>immediately to GP [General Practitioner] and the stockings removed."</p> <p>"Education of the patient and appropriate carers should be an important part of the care provided and must encompass issues such as the reason for wearing stockings, correct fitting and application, care of skin and the need to make safety checks for circulation, swelling, pain and movements."</p> <p>This Federal tag relates to Complaint IN00121384.</p> <p>3.1-35(g)(1)</p>						

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview the facility failed to ensure a resident was assessed and received the highest practical physical and quality of care. When a resident who had a history of lower extremity edema, and used antiembolytic stocking (Elastic Stockings), to aid in decreasing edema, the nursing staff failed to perform complete assessment, remeasurement of the resident's legs and provide stocking which fit and did not impede the decrease of edema, and caused an indentation to the residents leg/thigh, for 1 of 3 resident's reviewed for antiembolytic stockings and lower leg edema in a sample of 5. (Resident "A").</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 01-30-13 at 9:50 a.m. Diagnoses included but were not limited to, severe degenerative joint disease, dementia, depression hypertension, ascites, hepatitis C,</p>		F0309	<p>F 309 It is the practice of Pyramid Point to provide all residents with the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being. <b>What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?</b> Resident A has been discharged from the facility. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</b> Like residents are those who wear anti-embolic stockings. All like residents were measured for appropriate fitting anti-embolic stockings. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</b> Licensed nursing staff have been in-serviced on the need to</p>		02/20/2013	

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	<p>congestive heart failure and cirrhosis. These diagnoses remained current at the time of the record review.</p> <p>Review of a local area physician report "Clinical Summary," dated 11-29-12, at 4:14 p.m., indicated the "patient is [age documented] who presents with ascites. The patient was referred by a primary care provider. Initial presentation was 6 month(s) ago. Presentation included fluid weight gain. Past evaluation has included albumin, complete blood count and metabolic profile. Treatment has included fluid restriction and furosemide [a diuretic medication]. Symptoms include abdominal distention, weight gain and peripheral edema... ."</p> <p>Nurses note, dated 12-22-12 at 6:30 a.m., "Resident wgt. [weight] 177.2, increase 3.2 lbs from yesterday. Cont. [continues] to have 2+ edema bil. [bilateral] lower extremities. TED [antiembolytic stockings] on. [Name of physician] notified."</p> <p>Nurses note, dated 12-22-12 at 10:46 p.m., indicated "BLE [bilateral lower extremity] edema 2 + but Rt. [right] thigh approx. [approximately] 3+. TED hose are too small, but they are XL [extra large]. Removed at 2:15</p>			<p>assess, measure, and provide appropriate fitting anti-embolic stockings.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice does not reoccur?</b></p> <p>DON or designee will monitor residents who wear anti-embolic stockings for appropriate fit. This will be completed weekly times four weeks and then monthly times 2 months. At this time if results are below a 95% threshold the audits will become weekly until a 95% threshold is achieved. The results will be reviewed by QAA committee monthly.</p> <p><b>Date to be completed</b> 2/20/2013</p>			

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	<p>p.m. after top band creating indention [sic] on Rt. thigh."</p> <p>2. During an interview on 01-31-13 at 2:00 p.m., the Director of Nurses indicated she was unable to provide documentation the resident's measurements had been obtained due to the increase in edema to the resident's right thigh.</p> <p>The Director of Nurses indicated "our company only uses [name of a certain vendor] and the size only goes to extra large. We probably should have seen about ordering from some one else."</p> <p>3. Review of facility policy on 01-31-13 at 1:45 p.m., and undated, provided by the Director of Nurses indicated the following:</p> <p>"BASIC RESPONSIBILITY - Licensed Nurse and Nursing Assistant, Other _____."</p> <p>"PURPOSE - To provide support for lower extremities, to aid return circulation from lower extremities, to prevent embolus formation, to reduce pain, and reduce edema."</p> <p>"ASSESSMENT GUIDELINES - may include but are not limited to: Change</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>in physical and/or mental function, pain, rigidity, peripheral pulses, fever, change in skin integrity, color, temperature, edema, changes in condition of extremities."</p> <p>"PROCEDURE - 6. Notify physician if standard sizes will not fit: obtain order for custom-made gradient support stockings."</p> <p>This Federal tag relates to Complaint IN00121384.</p> <p>3.1-37(a)</p>						